

ID CN SUPPORTING DOCUMENT 042-68-4424  
APPLICATION FOR A SOCIAL SECURITY NUMBER  
DO NOT WRITE IN THE ABOVE SPACE

See Instructions on Back.

Print in Block or Dot Blue Ink or Use Typewriter.

1	Print FULL NAME YOU WILL USE IN WORK OR BUSINESS	(First Name)	THOMAS	(Middle Name or Initial - if none, draw line)		(Last Name)	MOORE
2	Print FULL NAME GIVEN YOU AT BIRTH		THOMAS				MOORE
3	PLACE OF BIRTH	(City)	NEW BRITAIN	(County if known)		(State)	CONNECT.
4	MOTHER'S FULL NAME AT HER BIRTH (Her maiden name)		Carole Francis				8
5	FATHER'S FULL NAME (Do not leave blank if living or deceased)		Francis Louis				9
10	HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY, RAILROAD, OR TAX ACCOUNT NUMBER?	NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> YES <input checked="" type="checkbox"/>	(If "YES" Print STATE in which you applied and DATE you applied and SOCIAL SECURITY NUMBER if known)				
11	YOUR MAILING ADDRESS	(Number and Street, Apt. No. P.O. Box, or Rural Route)	85 Glenview Dr	(City)	Newington	(State)	CT
12	TODAY'S DATE		3/21/77				
13	TELEPHONE NUMBER		666-2894				
14	NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number, is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both. Sign YOUR NAME HERE (Do Not Print)						

TREASURY DEPARTMENT/ Internal Revenue Service  
FORM SS-5 (2-73)

☐ RE-SCREEN ☐ ASSIGN ☐ DUP ISSUED

Return completed application to nearest SOCIAL SECURITY ADMINISTRATION OFFICE



## SOCIAL SECURITY

### CERTIFICATION

Pursuant to the provisions of Title 42, United States Code, Section 3505, and the authority vested in me by 45 F.R. 47245-46, I hereby certify that I have legal custody of certain records, documents, and other information established and maintained by the Social Security Administration, pursuant to Title 42, United States Code, Section 405, and that the annexed are true and complete copies of certain of such documents in my custody as aforesaid.

I also certify that the annexed computer printouts showing the dates the information was recorded are true and complete copies of such documents in my custody for Social Security Number 042-68-4424 in the name of Thomas Louis Wood.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the Social Security Administration to be affixed this 28<sup>th</sup> day of February, 2011.



Georgiana Wilson-Johnson  
Deputy Director  
Division of Earnings Record Operations  
Office of Central Operations

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P 49120 0006 1022000

FM SSADO NW BRIT CT

TO SSA EIB-BDP BALTO MD

DOM NEW BRITAIN CT

TP ORIG

AH THOMAS LOUIS WOOD

DB 071562

PR NEW BRITAIN HTFD CT

SY V

RC W

VN CAROLE FRANCIS GEANE

FN HECTOR LOUIS WOOD

VA 25 GLENVIEW DR, NEWINGTON CT

ZF 06111

ID P

MN REPLY ATTN\* MRS WILLIA

NNNN

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Cyr

C 086